Please type a plus sign (+) inside this box → +

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY	UTILITY Attorney Docke				PC17915C				
PATENT APPLICATION	First Inventor		Corinne Szila	orinne Szilagyi					
TRANSMITTAL	Title			Single PDE4 Is	Non-Recombinant Cell Lines Capable soenzyme and for the Screening of				
(Only for new nonapplications under 37C.F.R. §1.53(b))	Express Mail L	abel No.							
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application	contents.	Mail Stop ADDRESS TO: Commissioner for Patents Box 1450 Alexandria, VA 22313-1450							
1.	(if a	computer Program (Appendix) Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy (CRF) b. Specification Sequence Listing on:							
18. If a CONTINUING APPLICATION, check appr	opriate box, and su	pply the requ	isite information i	below and in a p	reliminary amendment,				
Continuation Divisional									
For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.									
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts 18. CORRESPONDENCE ADDRESS									
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) 28523 CORRESPONDENCE ADDRESS or Correspondence address below 28523									
Name									
Address	Ι			T					
Country	State			Zip Code	 				
	elephone	Dominion:	M- (A)	Fax	20.057				
NAME (Print/type) Robert T. Ronau Signature Oblect	Ronau		on No. (Attorne Date	y/Agent)	07/08/03				



18379 U.S 07/08/07

FEE TRANSMITTAL

Application Number

To Be Assigned

Filing Date

Herewith

First Named Inventor

Examiner Name

To Be Assigned

To Be Assigned

Art Unit

To Be Assigned

Total Amount of Payment (\$)750.00					Attorne	Attorney Docket No. PC17915C						
METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)							
☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None				3. ADDII	3. ADDITIONAL FEES							
☐ Deposit Account:			Large	Entity	Small	Entity						
Deposit Account Number					Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
Deposit Account Name Pfizer Inc.					1051	130	2051	65	Surcharge – late fee or oath			
The Commissioner is authorized to: (check all that apply)					1052	50	2052	25	Surcharge-late filing fee or cover sheet			
☐ Charge fee(s) indicated below ☐ Credit any overpayments				1053	130	1053	130	Non-English specification				
Charge any additional fee(s) during the pendency of this application					1812	2,520	1812	2,520	For filing a request for reexamination			
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action				
					1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
FEE CALCULATION				1251	110	2251	55	Extension for reply within first month				
1. BASIC FILING FEE					1252	410	2252	205	Extension for reply within second month			
Large Entity	<u>y</u> _	Small	Entity				1253	930	2253	465	Extension for reply within third month	
Fee Fee Code (\$)		Fee ode	<u>Fee</u> (\$)	Fee Des	scription	Fee Paid	1254	1,450	2254	725	Extension for reply within fourth month	
1001 750	o :	2001	375	Utility filing	fee	750	1255	1,970	2255	985	Extension for reply within fifth month	
1002 330	0 :	2002	165	Desian filir	na fee		1401	320	2401	160	Notice of Appeal	
1003 520	1	2003	260	Plant filing			1402	320	2402	160	Filing a brief in support of an appeal	
1004 750 1005 160		2004 2005	375 80	Reissue fil filing fee	ina fee		1403 1451	280 1,510	2403 1451	140 1,510	Request for oral hearing Petition to institute a public use proceeding	
SUBTOTAL (1) 750					1452	110	2452	55	Petition to revive - unavoidable			
2. EXTRA CI	LAIM	FEES	FOR UT	ILITY AND	REISSUE		1453	1,300	2453	650	Petition to revive - unintentional	
Extra Fee from Claims below Fee Paid					1501	1,300	2501	650	Utility issue fee (or reissue)			
Total Claims		8 .	-20**=	0	x	= 0.00	1502	470	2502	235	Design issue fee	
Independent Claims				1503	630	2503	315	Plant issue fee				
Multiple Dependent =				1460	130	1460	130	Petitions to the Commissioner				
** or number previously paid, if greater; For Reissues, see below			1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)					
Large Entity Small Entity				1801	750	2801	375	Request for Continued Examination				
Fee Fee Code (\$)		Fee Code	Fee (\$)	Fee Desc	cription		1806	180	1806	180	(RCE) Submission of Information Disclosure Statement	
		2202	9	Claims in e	excess of 20		8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1201 8	34	2201	42	Independe	ent claims in e	excess of 3	1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1203 280 2203 140 Multiple dependent claim, if not paid			1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))					
1204 84 2204 42 **Reissue independent claims over original patent				Other F	Other Fee (specify)							
1205 18 2205 ⁹ **Reissue claims in excess of 20 and over original patent				*Reduce	*Reduced by Basic Filing Fee Paid							
SUBTOTAL (2) (\$) 0.00								SUBTOTAL (3) (\$)				

SUBMITTED BY					Complete (if Applicat	ble)	
Name (Printed/Type)	Robert T. Ronau /			1	Reg. Number	36,257	
Signature	Robbut 1.	Koran	Date	1. ly 08. 2003	Telephone		
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